

FILED

UNITED STATES DISTRICT COURT

DEC 11 2014

for the

Southern District of Illinois

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICEBruce W. Foutch II

Case Number:

14-1366-MJR

(Clerk's Office will provide)

Plaintiff/Petitioner(s)

Dupo Police OfficerJeremy Zimmer

Defendant/Respondent(s)

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINTpursuant to the Federal Tort Claims Act,
28 U.S.C. §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

Bruce Foutch II #B-87933
Western Il. Corr. Ctr.
2500 Rt. 99 South
Mt. Sterling, IL 62353

Defendant #1:

- B. Defendant
- Jeremy Zimmer
- is employed as

(a) (Name of First Defendant)

Dupo Police Officer

(b) (Position/Title)

with

Dupo Police Dept.

(c) (Employer's Name and Address)

100 North 2nd St., Dupo, IL 62239At the time the claim(s) alleged this complaint arose, was Defendant #1
employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain:

He was on duty Dupo Police officer.

Defendant #2:

C. Defendant N/A is employed as

(Name of Second Defendant)

(Position/Title)

with _____
(Employer's Name and Address)

At the time the claim(s) alleged in this complaint arose, was Defendant #2
employed by the state, local, or federal government? ☐ Yes ☐ No

If you answer is YES, briefly explain:

N/A

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

N/A

III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? ☐ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☐ Yes ☐ No *N/A*
- C. If your answer is YES,
1. What steps did you take? *N/A*
2. What was the result? *N/A*
- D. If your answer is NO, explain why not. *N/A*
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No *N/A*
- F. If your answer is YES,
1. What steps did you take? *N/A*
2. What was the result? *N/A*
- G. If your answer is NO, explain why not. *N/A*
- H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not: *N/A*

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

On July 28 2013 Officer Jeremy Zimmer was called to the Red Roof Storage Units in Dupo, IL 62239, by Anna Washburn and myself to report missing property. I was talking with officer Zimmer when the owner of Storage Units showed up and there was a brief altercation between the owner and myself because he sold the property missing without properly notifying Anna or myself. After the altercation I was headed to my car when officer Zimmer Tased me without warning. One taser prong was imbedded in my forehead and the other was imbedded in my front shoulder area, when I fell a rock went into my skull. the result was a Right Frontal Depressed Skull Fracture. I was taken to Barnes Hospital in St. Louis, Mo, where they performed brain surgery. I had air on my brain so they cut a piece of my skull out and put three titanium plates in and 31 staples from my forehead to my ear. (photos enclosed, with hospital release papers) I have major scars, daily headaches, seizures, and major memory loss.

Anna Washburn, from east Carondelet, IL 62240 was there when incident happened and the officer never warned me or asked me to get down before tasing me. I feel this officer used "Excessive Force". I filed a ~~me~~ written Formal Complaint to the Dupo Police Station on 11-24-14.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

I want all hospital and ambulance bills paid, plus I would like \$500,000 in punitive damages, physical and emotional.

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on: 12-4-14
(date)

Bruce W. Foutch II
Signature of Plaintiff

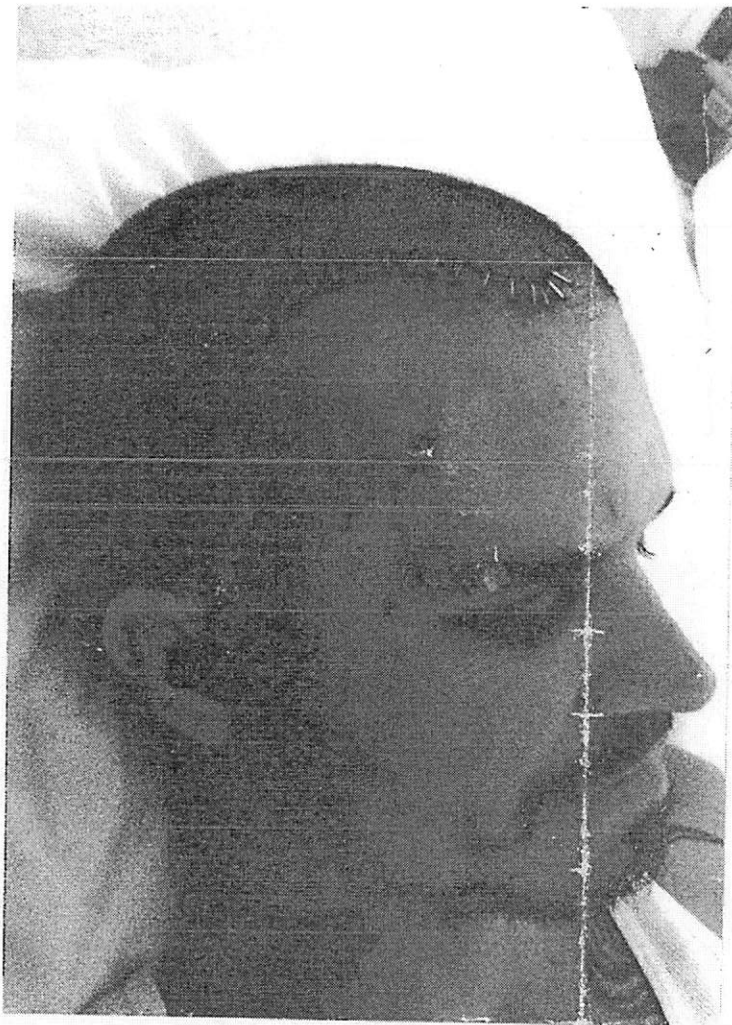
2500 Rt. 99 South
Street Address

Bruce W. Foutch II
Printed Name

Mt. Sterling, IL 62353
City, State, Zip

IDOC# B-87933
Prisoner Register Number

N/A
Signature of Attorney (if any)



BARNES JEWISH
Hospital
BJC HealthCare

Acct: 702101308	Inpatient	MRN: 556678439
Name: FOUTCH, BRUCE		
DOB: 05/05/1978	35y	M
Ray, Wilson Z 11500		07/28/2013
	BJH-11579-B	

Patient Discharge Instructions

Discharge Date: 07/31/2013

Discharge Diagnos(es)

Principal Diagnosis: Right frontal depressed skull fracture

Allergies

No Known Allergies:

No Known Allergies:

Patient Guidelines

Call Your Doctor If: * You have a fever of 101 degrees or higher.

* You have drainage from your incision.

* Your incision is red or swollen.

* You have a very bad headache that is getting worse.

* Pain medicine or rest is not helping your headache.

* You have nausea or vomiting.

* You feel very tired and don't have any energy to do your daily activities.

* You feel very confused or you are not able to think clearly.

Diet: Regular diet as tolerated

Activity: * It is normal to feel tired for a few weeks after surgery.

* Taking short walks and getting plenty of rest will give you more energy.

* Do NOT lift anything heavier than a telephone book or carton of milk (more than 5-10 pounds) until approved by your doctor.

* Do NOT do any yard work or heavy housework until approved by your doctor.

* Try to get help from family and friends while you heal.

Care Instructions: * Keep your incision clean. Do NOT use lotions or creams over incision.

* Make sure any hats or scarves covering your incision are clean and not worn tightly.

Special Instructions: Continue to take your seizure medicine until your doctor tells you to stop.

Current Care Provider(s)

Current Care Provider (s): Attending at Discharge: Ray, Wilson Z

Influenza Screening - September 15 thru March 31

Did patient meet criteria for vaccine this admission?: Out of season

Pneumonia Screening - Year Round

Did patient meet criteria for vaccine this admission?: No

Patient Returned Valuables

Returned Valuables: Yes

Vital Signs at Discharge

Time: 10:00AM

Temperature (C): 36.4 degrees C

Temperature (F): 97.5 degrees F

Pulse Rate: 72 bpm

Respiratory Rate: 20 breath per minute

Non Invasive BP Systolic: 110 mm Hg



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DOB:	05/05/1978	35y		M
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	11500	BJH-11579-B		

Patient Discharge Instructions

Vital Signs at Discharge

Non Invasive BP Diastolic: 58 mm Hg

Case Management

Discharge Disposition: Home

Discharge Transportation: Car

Education Materials Given & Reviewed with Patient

Pump Up Your Heart: Pump Up Your Heart teaching tool given and reviewed with patient/family; includes activity, diet, discharge medications, follow-up appointment with MD, daily weight monitoring, what to do if symptoms worsen and smoking cessation.



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Patient Discharge Instructions

Patient Discharge Instruction Statements

We want to help you stay healthy and well at home. Important ways you can help yourself are:

1. Take your medicines as your doctor prescribed. Talk with your doctor if paying for your medicines is a problem.
2. Keep a current list of your medicines and know why you are taking each one. Bring this list with you to your doctor visits.
3. Keep your follow-up doctor visits. This is very important. Make a list of questions you may want to ask your doctor. Bring this list with you to your doctor visits.
4. Look over the teaching sheets the nurses gave you while you were in the hospital. Ask your doctor or nurse for help if you do not understand this information.
5. Keep community resource phone numbers handy, such as for transportation.

Symptoms Worsening:

Call your doctor if you feel worse. Call right away if you have problems breathing, have more swelling or become very tired.

Follow-Up Visit:

Call your doctor for a follow-up visit, if this has not already been done. This is very important.

Smoking Cessation:

If you don't smoke, don't start. If you do smoke, stopping may be the best thing you can do to be healthy and live a long life. Call for help to stop smoking.

- BJH Siteman Cancer Center 314-454-QUIT (7848)
- American Lung Association 1-800-586-4872
- National Cancer Institute 1-800-422-6237
- Missouri Tobacco Quit Line 1-800-784-8669

General Dietary Guidelines:

Eating healthy foods will cut your risk of heart disease, stroke, diabetes, and some cancers. Healthy foods are low in fat, cholesterol, and salt (sodium). Talk to your doctor about what you can and cannot eat, and any special rules to follow.

Weight Monitoring:

Your health can be affected by your weight. Being overweight can increase your risk of heart disease, cancer, and diabetes. Check your weight once a week, or as often as your doctor tells you. Talk to your doctor about what you should weigh, and what to do if you have a sudden weight gain or weight loss.

Cardiac Rehabilitation:

It is a good idea to go to a heart program if you have a heart problem. This is a learning and work out program. It helps you get back on your feet and live a life style that is good for you. Talk to your doctor. Call the Heart Care Institute at 877-834-2938 to learn more.

Mental Health Resource Information:



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Patient Discharge Instructions

You may feel hopeless or that you don't want to live. With help these feelings will go away. But, call 911 or go to the closest emergency room right away if you feel like you want to hurt yourself or others.

In Missouri Call:

- Life Crisis 314-647-Help (314-647-4357)
- Behavioral Health Response
314-469-6644 or 1-800-811-4760
- Mid-Missouri Crisis Line
573-445-5035 or 1-888-761-4357
- Mid-Missouri Hearing Impaired
573-445-5059 or 1-800-380-3323

In Illinois or Anywhere in the Country Call:

- Help for Adults 618-465-4388
- 1-800-SUICIDE (1-800-784-2433)
- Help for Children 1-800-345-9049
- 1-800-273-TALK (1-800-273-8255)

myBJC:

Once you leave the hospital, you can access your test results and health information from home through a secure website called myBJC. To register online, please visit www.myBJC.org/patient/enroll within 30 days after your hospital stay. You will need to enter your patient account number located at the top right of these discharge instructions.



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Patient Discharge Instructions

Appointments

Appointment: Follow up appointment scheduled

Doctor/Clinic: Primary Care Medicine Clinic, Center for Outpatient Health, 4901 Forest Park, 2nd Floor, Suite 241, Phone: 314-362-5060

Date/Time: Aug 14 2013 9:00AM

Comments: Please bring discharge instructions and medications to appointment. Case manager attempted to make appointment at Southern Illinois Healthcare Foundation, but 3 offices close to your residence are not taking new patients.

Appointment: Please call to schedule your follow-up appointment

Doctor/Clinic: Neurosurgery Clinic, Center for Outpatient Health, 4901 Forest Park Ave. Suite 420, St. Louis, MO. 63110. Phone 314-362-9100

Your doctor would like to see you in about 7 Days

Comments: for staple removal.